Treehome Limited

Evergreen

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 29 March 2015 and was unannounced. The previous inspection was carried out on 10 April 2014 and there had been no breaches of legal requirements at that time.

Evergreen is registered to provide accommodation and personal for up to eight people with mental health needs, autism and/or a learning disability.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection there were seven people living in the home and they told us they were happy with the service they received. Comments included: "nice here. Staff are nice" and "I'm Happy I'm having my hair done".

Staff received training and understood their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Within people's support plans we

Summary of findings

found the service had acted in accordance with legal requirements when decisions had been made where people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. Two people were subject to a DoLS authorisation and the others were awaiting assessment.

We found the provider had systems in place that safeguarded people. Staff we spoke with had a good understanding of what safeguarding processes to follow. Pictorial policies were also viewed on the notice board that helped people living in the home understand what safeguarding meant.

Staffing levels were sufficient on the day of our inspection and people told us there were sufficient staff to support them. People were observed going out in their local community with staff on a one to one basis during our inspection.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Medicines that we checked correlated to the records that were kept.

People received and were involved in reviews of their care needs to ensure that staff had up to date information about how to meet their needs. The care reviews also ensured the support plans continued to effectively meet people's needs. Care and support plans were individual and promoted people's independence using pictures that helped people be involved.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. Records that we viewed and a member of staff that we spoke with confirmed this.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. The registered manager undertook regular audits which were followed up by their line manager.

There were systems in place to obtain the views of people who used the service and their relatives and satisfaction surveys were used. This was provided to people, their relatives, staff and external professionals.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe recruitment processes were in place that safeguarded people living in the home. Robust checks we made before people started working in the home.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would have no hesitation to report concerns.

People's risk assessments were fully reflective of their needs and were reviewed regularly.

Safe medicines processes were in place that included a detailed policy to guide staff.

Is the service effective?

Good

The service was effective.

Staff had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS) and had a good understanding of the protection of people's human rights.

The service worked with external professionals to ensure the needs of the person could be met before they moved in.

Staff were supported to undertake further personal development training to enhance the care that was provided.

Is the service caring?

Good

The service was caring.

Staff interactions with people were sensitive and caring. One person we spoke with also told us staff were caring.

People's independence and privacy was promoted and respected by staff.

We found people's opinions were sought to help improve the service they received.

People were supported to maintain their family links.

Is the service responsive?

Good

The service was responsive.

Support plans were representative of people's current needs and gave detailed guidance for staff to follow. People made choices about all aspects of their daily lives.

The provider had a complaints procedure and people told us they felt able to complain. This was also available in a pictorial format.

People were supported to maintain their independence and to take part in social activities in their local community.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff felt supported by the management team and were able to approach the registered manager if they had any concerns about the quality of the service or their work.

The registered manager demonstrated an open and transparent culture in the home. People told they felt listened to and supported.

There were effective quality assurance systems in place. The registered manager undertook regular audits that were fed back to the provider as part of the monitoring arrangements.

Evergreen

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of our inspection seven people lived at home and some people were able to tell us about their experience of living in the home. We spoke with four people and observed care and support being provided to three people in shared areas of the home.

We also spoke with five members of staff that included members of the management team. No relatives were visiting at the time of our inspection.

We reviewed the support plans of three people who used the service and their associated records known as daily diaries, three staff's personal files and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

Good

Is the service safe?

Our findings

Risks to people's safety were assessed before they came into the service. People's risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. For example we saw risk assessments in relation to managing people's agitation. One person's risk assessment stated "I need staff to support me and encourage me to remain calm. If I am distressed I may need help to be taken somewhere I am happier". The risk assessment went on to guide staff about the things that relaxed the person and made them happy and highlighted any risks that they could present to others.

The staffing levels were sufficient to support people safely. People told us there were sufficient staff to support their daily needs. One person told us; "I go out with [name] a lot. We go shopping and I go home". Staff told us they felt staffing levels were sufficient to meet the needs of the people that lived in the home. They told us; "we are a good supportive team and we always have enough staff to support people with their one to one activity goals". We observed there were sufficient staffing levels and people were able to participate in community activities with staff support.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this. People who lived in the home were also involved in the recruitment process. For example, candidates were invited to the home and some people asked them questions about themselves. A member of staff would always remain with the candidate at all times while they were in the home. A member of staff said "This gives potential staff an understanding of what it would be like working here and the level of people's needs".

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly. A member of the management team told us; "the induction programme is detailed and we make sure staff are competent and safe to undertake their role before they work alone with people. It can take up to three months for people to administer medicines, it doesn't matter how long what matters is that they are safe to do so".

The provider had arrangements in place to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff we spoke with had a good understanding of what constituted abuse and who to report concerns to.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. One member of staff told us; "I wouldn't worry who it might upset I would report anything that I thought wasn't right".

The provider had appropriate arrangements for reporting and reviewing incidents and accidents The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Emergency contingency plans were also in place and regular fire alarm testing took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place.

Good

Is the service effective?

Our findings

People's ongoing health needs were managed as people were supported to see a local GP or hospital, should they require it. People had Health Action Plans (HAPs) in place. This document contained detailed information that supported the person should they need to stay in hospital or visit health professionals. Pictures were used to help the person to understand what it might be like.

Advice and guidance was sought from external health professionals. We saw documentation to support referrals were made to people's supporting agencies as required. For example, to the community learning disability team and social workers. The management team told us they had good working relationships with these teams and would always contact them if they were concerned about any changes in people's needs. People's files showed that referrals that had been made and responded to. For example a referral was made to the speech and language therapist. A detailed report followed that guided staff to support the person that was experiencing swallowing difficulties and put this into action.

People received care from staff who had attended training that enabled them to carry out their roles. Staff told us they received plenty of training and felt equipped to undertake their role effectively. Records confirmed staff training included; safeguarding adults, DoLS, infection control, basic life support and moving and handling. Records also confirmed staff undertook specific training that was relevant to the needs of people living in the home. This included; Introduction to learning disabilities and introduction to Asperger's syndrome.

The provider had a system in place to support staff and provide opportunities to develop their skills. Some staff told us they were supported to undertake the Diploma in Care. A member of staff told us; "great training available and support to undertake it. We can seek out further development training and [name] will arrange for this wherever possible. In the future we hope to do [cognitive behavioural therapy] CBT training that will be such an advantage in the work we do". Staff we spoke with had a good knowledge of people's needs and how to support them.

Staff we spoke with and records confirmed on going one to one supervision was provided to all staff to support their work and development. Records included discussions around; care delivery, team working, performance and training. The records detailed discussions and the opportunity for the member of staff to share ideas and identify any ongoing support that may be required.

Staff received yearly appraisals, which were recorded in their files. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. Two people living in the home had DoLS authorisations in place and others were awaiting assessment to see if they would be authorised. This demonstrated the service understood the implications and acted in line with legal requirements to ensure people's rights were protected.

Consent to care and treatment was recorded within people's care records and documentation gave details of who was involved in their care and planning. MCA assessments and best interest meetings were recorded in people's files where it was required. Pictures were used to aid people's understanding and documentation was written in the first person and signed by the person that demonstrated their agreement to the discussions that took place. Some people living in the home could not verbally communicate to make their wishes known. Therefore personal information boards were developed for people to be involved in decision making processes. Pictures were used to involve them to make choices around their care, support, activities and menu choices.

People's nutrition and hydration needs were met. People's independence was promoted and they were involved in preparing of some of their meals. Staff told us each person would have a day allocated to be supported to cook a meal if they wished to. Choices were available if people did not want what was on the menu. A member of staff said; "[name] didn't like what choices were available so [name] was supported to make an omelette for lunch as that was what they wanted". The service had developed a daily entries book for each person and this recorded what

Good

Is the service effective?

people were offered to eat and drink throughout the day and what was actually consumed. This enabled staff to monitor what people were eating to ensure a balanced and healthy diet was consumed.

Good

Is the service caring?

Our findings

People felt positive about the care they received and the staff that supported them. One person said; “I am happy “and another person said; “yes they are nice to me”.

Staff promoted people’s independence. For example one person told us; “[name] takes me shopping I like that”. This person then asked the staff member when they were going. The member of staff took time to show the person their daily entries book and counted the days to when the trip was planned. This gave reassurance to the person in a way that was sensitive to their needs.

People’s support files demonstrated they were supported to maintain their independence which included going out of the home for activities. A member of staff told us; “We support individuals in achieving their goals, making choices and becoming as independent as possible”. We observed this during our inspection. For example, one person asked for a cup of tea. A member of staff said; “You can make it [name] so would you like me to help you?”. The person smiled and went with the staff to make a drink.

Staff had a good knowledge of peoples’ likes and dislikes. Staff we spoke with were able to tell us what each person would like to achieve and what was realistically able to be achieved. Documentation in people’s support plans confirmed this, as did the person we spoke with. People looked relaxed in the company of the staff.

People were involved in decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people. Support plans were personalised and showed people’s preferences had been taken into account. For example people had signed an agreement to the goals they wished to achieve. People's preferences, interests, likes and dislikes had been recorded and in a format that supported their individual needs by using pictures. For example one person’s documentation stated; “I like to buy my own toiletries”. Pictures were contained of the types of toiletries this person liked so staff would know when they went shopping.

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do and when. For example the member of staff sensitively supported a person to make a choice of what they wanted for breakfast. This was done in a way the supported their needs and gave them time to choose. They then sat with the person and supported them throughout.

People’s privacy and dignity was respected staff knocked on doors before they entered and throughout the inspection were heard asking to enter. Not all people were able to tell us if they felt their dignity was respected by staff. However the observations that we made of staff interactions confirmed this.

As part of the provider’s quality monitoring, people’s opinions were sought through surveys on a yearly basis and house meetings. Survey comments were positive and staff supported people to complete the surveys when required. A pictorial survey was used to help people understand what was being asked of them.

Resident meetings were called ‘your voice’. Minutes of these meetings confirmed people were asked for their opinion and were informed of any changes within the service. The organisation also had regional ‘your voice’ meetings. This was an opportunity for representatives from all the homes in the organisation’s group to attend and give their views on the service they received. We were told some people preferred more one to one meetings to give their views and opinions therefore this was done on a monthly basis as part of the key working monthly review process. This demonstrated staff and the organisation, listened to the views of people living in the home and understood their needs.

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home. Some people’s support plans demonstrated how family links were maintained. For example one person’s documentation showed the days a person went home to family and another to attend church services with their family. Staff told us they would drive people to visit their families if it was required. One person told us; “Look at my mobile! I call my [name] and [name] on it”. This person was supported to call their family and family could ring the person privately.

Good

Is the service responsive?

Our findings

Some people were able to tell us how they were involved in the planning of their support and what they wished to achieve. One person told us; "yes I talk with [name] we talk I tell [name] what I like. I like going to the shops". People's care records were maintained accurately and completely to ensure full information was available to guide staff and the person to meet their goals.

People's needs were assessed jointly with external supporting professionals for example; social workers and community health teams. Staff told us they had good working relationships with external professionals that supported people and referrals were actioned quickly. Information was viewed in people's files that supported this.

Staff described how the service worked with other professionals to ensure the service could meet the person's needs before they came into the service. They described how they took time to ensure newly referred people would be suitable for the home. One member of staff told us "we have the new extension now but [name] will make sure the person who is referred is suitable and we can meet their needs. We have had referrals but no one suitable yet".

People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams such as a psychiatrist and other medical professionals. The service also undertook their own detailed assessment that would include the person coming to visit the home to see if their needs were compatible with others already living in the home. A member of the management team told us; "we never rush any assessment of a new person as it's important that they like the home and can live with people that are already here".

Personalised care and choice was offered to all people that used the service. People's support needs were assessed and personalised care plans were put in place. These were person centred and written in the first person. Each person's individual file held comprehensive information around their care and support needs, The information included; care and support plans for all aspects of their daily living needs, likes and dislikes, social contacts, health and professional input information and end of life wishes.

Much of the documentation viewed was in a pictorial format. This meant different formats were used to involve people in the development of their care and support planning.

Personalised care was planned and delivered to both people that lived in the home. Support plans described what the person wanted and how to deliver this. People's care files documented the goals they wished to achieve. We saw a document called "what I do", this detailed people's goals within an activity planner. Pictorial documentation was used to gain the views from people of what they wished to achieve.

Clear guidance was available for staff to follow that ensured personalised care. For example clear and explicit action plans were in place to support people. This gave staff guidance to support the person's goals that they set. For example, one person's support around their mental health stated; 'if I look at you blankly, get agitated or say "I don't know". This means staff to speak again slowly and clearly reassuring me'. This support documentation was clear guidance for staff to follow and staff had signed to demonstrate they understood the plan to follow.

People received reviews of their care and support plans. The monthly reviews were pictorial to helped people understand them and identified what the person had undertaken the previous month and goals they wished to achieve. We saw all daily information was recorded in people's personal diaries to ensure all information was captured to be used as part of the review process.

Some people we spoke with knew how to make a complaint and a clear policy and systems were in place to support this. A pictorial complaints policy was in place to support people and was discussed on a regular basis by the management team and staff, during monthly care reviews and resident meetings. No formal complaints had been received since our last inspection. Staff told us; "we have an open door policy here. If people are unhappy we know about it and deal with it as soon as it comes up. We also have regular contact with family members also".

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were developed in a pictorial format. This included safeguarding and complaints information.

Good

Is the service responsive?

People's records evidenced this information was discussed with the person. They had been signed to say the person understood what the policy meant and what and who to contact if they felt they needed to.

Good

Is the service well-led?

Our findings

Some people were able to tell us who the registered manager was and told us; "I like [name] they are nice and we go out". The registered manager was not available on the day of our inspection to give us their views on the culture and vision for the service. However members of the management team told us; "[name] has an open and transparent approach. We have a clear approach that is to ensure everyone can achieve what they want and have a good quality of life".

Staff told us the service was well-led, they received support from the registered manager and felt they really had a good team in place. Comments included; "[name] is approachable I can ask anything" and "we are a really good team. Supportive and help each other". "Plenty of support always available in this home and from other homes". One member of staff told us how they needed their hours of work changed due to a life event. They told us they were fully supported at that time and a work life balance was arranged.

Staff were supported by the registered manager and were provided with regular one to one supervision. Records contained evidence of what staff thought they did well and also detailed if they required any support from other members of the team or the registered manager. Records detailed any actions and when they were to be reviewed. One member of staff confirmed supervision took place and said; "yes we have formal supervision and we can have a talk at any time".

The registered manager communicated with staff about the service. Team meetings took place on a regular basis. Staff told us this was a supportive forum where all support issues were discussed. Minutes detailed any actions and who would be responsible for undertaking the actions.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The management team discussed the systems currently in place to check and monitor the quality of service provided. Audits undertaken on a regular basis included; medication, infection control, safeguarding, complaints, incidents and accidents and health and safety. Actions were recorded and followed up. For example, January's kitchen audit highlighted the cooker seal needed replacing and the registered manager took this forward for action.

An environmental audit also took place that covered all areas of the home internally and externally. Any areas that required attention were highlighted. For example the audit outcomes for 2015 included; the patio doors needed replacing, some paintwork required attention and some electrical appliances required attention. Monitoring of these actions were monitored by the registered manager and the organisations regional manager at their provider visits.

The regional manager visited the home and undertook regular 'review visits'. This included; a premises overview, health and safety, participation and involvement of people. An evaluation and recommendation action plan was compiled and action by dates were recorded. For example, one action was to deep clean a bathroom and replace a blind and stated to be completed immediately. This was not completed within the action plan timeframe and was followed up at a subsequent provider visit that highlighted this was a repeat action and being completed. The provider visits were aligned to the Care Quality Commission's five questions covered at inspection. This enabled the service to evidence how they met the regulations or highlighted any actions that were required.

A member of staff from the management team told us; "[name] visits us regularly and is very supportive and always speaks to people. They follow up with [name] any actions that are needed". Records of the provider visit that we viewed confirmed this. This meant that the quality of the service was being monitored effectively by the provider and they were aware of any outstanding actions.

Yearly satisfaction surveys took place to help develop and improve the quality of the service. Surveys were sent to people that used the service and their relatives. All the comments that we viewed were positive and included; "The staff at evergreen look after our [name] very well, [name] is not able to give his opinion verbally but the staff have a good understanding of our [name] needs, his likes and his preferences". People were asked what they liked about the service. Comments included; 'Staff are nice, we go out to café' and 'The staff help me see my family'.

The registered manager audited incidents and accidents to look for any trends that may be identified. This ensured the registered manager was fully aware of any events that took place that may require actions or follow ups.

Good

Is the service well-led?

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.